

Pediatric Low Vision Clinic Collaboration Clinic (PLVCC) Evaluation
KanLovKids Program
Dr. Linda Lawrence

Date of Clinic _____

Location _____

I am a _____ Parent(s) _____ EI or School Staff Provider _____ TVI/COMS

1. To what extent did the PLVCC increase your knowledge of your child's vision?

1	2	3	4	5	N/A
<i>Hardly at all</i>	<i>A little bit</i>	<i>Some</i>	<i>Quite a bit</i>	<i>A lot</i>	

A. Increased my knowledge of child's eye condition	1	2	3	4	5	NA
B. Increased my knowledge of how child's eye condition affects his/her functioning	1	2	3	4	5	NA
C. Increased my knowledge of how many things child can see at near	1	2	3	4	5	NA
D. Increased my knowledge of how many things child can see in the distance	1	2	3	4	5	NA
E. Increased my expectations for what child may be able to do with his or her vision	1	2	3	4	5	NA

2. Were there any positive outcomes from your child's involvement in the PLVCC? If yes, what were they?

3. Were there any negative outcomes from your child's participation in the PLVCC? If so, what were they?

4. Please list any concerns or issues that were not addressed in this evaluation.

5. Other comments/suggestions: